



### Rent Relief and Housing Assistance Program (RRHAP) Application Packet

**Aloha United Way (AUW) or a partner agency, need the following documents to accompany your application. Please send COPIES of ALL documents listed below plus this application form at one time. We anticipate a high volume of applications and receiving documents piece by piece may delay your application process.**

1. Proof of applicant identity:
  - Any form of identification with a photo
2. Proof of applicant Hawaii Residency:
  - Valid and current tenancy at primary residence in the State of Hawaii
    - Copy of current and valid lease/rental agreement; or
    - Copy of recently expired lease/rental agreement if landlord approved month-to-month tenancy; and
    - Proof of expenses requested, which can include but is not limited to an invoice, screenshot of rental management agency's payment portal with rent amount, or Notice of Rent Change
3. Proof of applicant and household income, which can include but is not limited to:
  - Most recent pay stub (if employed), or
  - Unemployment Certification with weekly benefit amount (if unemployed), or
  - Other documents such as most recent tax return, W-2, social security benefit letter, financial assistance statement, retirement statement, disability statement, etc.
  - Self-Certification of Income ONLY if no other documentation can be provided
4. Proof of applicant lost income related to COVID-19 pandemic, which can include but is not limited to:
  - Layoff, furlough, close of business or hours reduced letter from employer prior to first month of assistance, or
  - Schedule(s) showing reduction in hours for each month requesting assistance, or
  - Unemployment certification or proof of application, or
  - Pay stubs or bank statements demonstrating loss of income
  - Self-Certification of COVID19 situation ONLY if no other documentation can be provided
5. For Rent Assistance:
  - Partner Agencies will request a W-9 tax form from any landlord/property owner, and this must be received before an application can be approved. Property management companies are not required to submit a W-9.
6. For HOA Assistance:
  - HOA statement, and
  - Delinquency notice if delinquent
7. For Mortgage Assistance:
  - Most recent mortgage statement, and
  - Mortgage delinquency notice if delinquent

Please note: Initial payment can be made up to three (3) months at a time. Any months in addition to that will require recertification.



**Rent Relief and Housing Assistance Program (RRHAP) Application Form**

**If you have questions or need assistance, please contact the Partner Agency you would like to process your application.**

- ALEA Bridge: (808) 445-5527 or nwinter@aleabridge.org
- Gregory House Programs: (808) 592-9022 or cares@gregoryhouse.org
- Hina Mauka: (808)236-2600 or moreinfo@hinamauka.org
- Institute for Human Services: (808) 447-2806 or (808) 447-2862 or HawaiiCARES@ihshawaii.org
- Parents and Children Together: (808) 841-6177 or fc@pacthawaii.org
- The Salvation Army: (808) 469-7239 or hirent@usw.salvationarmy.org
- Waianae Coast Comprehensive Health Center: (808) 697-3736 or crua2020@wcchc.com
- Waikiki Community Center: (808) 923-1802 or rentalassistance@waikikicommunitycenter.org
- Aloha United Way: (808) 543-2225 or HousingHelp@auw.org

Do you need an interpreter? No Yes If YES, language?

Are you applying for your household? No Yes (if Yes, skip to #1)

Are you applying on someone's behalf and consent has been confirmed? No Yes

Consent was provided on this date / / and via: Verbally Email Other:

Which Partner Agency would you like to process your application? We will honor preferences as capacity allows it. Please only choose one:

- ALEA Bridge
- Gregory House Programs
- Hina Mauka
- Institute for Human Services
- Parents and Children Together
- The Salvation Army
- Waianae Coast Comprehensive Health Center
- Waikiki Community Center
- Aloha United Way



**1. APPLICANT**

Last Name	First Name	MI
SSN (last 4 digits)*	Email	Phone Number

\*If no SSN use the last 4 digits from any photo ID. If no photo ID use 0000\*

**2. PROPERTY**

Property Address	City	Zip
County	Island	
What is your monthly rent amount, as applicable?	What is your monthly mortgage amount, as applicable?	What is your monthly HOA amount, as applicable?

**3. HOUSEHOLD COMPOSITION (If applying for rental assistance, please list household members in the order as they appear on the Lease/Rental Agreement)**

Member	Last Name	First Name	MI	Relationship to Applicant	Date of Birth (MM/DD/YY)	Adult (Y/N)	SS# (Last 4 Digits)*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

\* For ADULTS only. Last 4 of SSN. If no SSN use the last 4 digits from any photo ID. If no photo ID use 0000.



**Additional Adult Household Members** (If more space is needed, please attach a separate sheet):

**4. PREVIOUS FINANCIAL ASSISTANCE**

<p><b>Has your household applied/received financial assistance related to COVID-19 from any other agencies prior to this request?</b></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<p>We are unable to duplicate requests.</p> <p>Some other agencies are: Aloha United Way or other United Way agencies, Catholic Charities, Kalihi-Palama Health Center, Parents and Children Together, Salvation Army, Waianae Coast Comprehensive Health Center, Waimanalo Health Center, MEO, Family Life Center, KEO, HOPE Services Hawai'i, Council for Native Hawaiian Advancement, etc.</p>	<p>If <b>YES</b>, from where (list dates + all agencies):</p>	

**5. COVID-19 RELATED**

<p><b>This is a COVID-19 related financial assistance program. How has COVID-19 affected you so you could not pay rent, your mortgage or HOA dues? Please explain:</b> Laid off, Furloughed, loss of hours, other...</p>		
<p>You must be able to provide documentation to support your situation. Examples: Employer layoff/furlough letter, notification of business closure, self-employed income (you may provide bank statements pre-COVID and most recent bank statements to show loss of income.)</p> <p><b>Do you have documentation?</b></p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
		<p>If <b>YES</b>, what document will you be providing?</p>

**6. HOUSEHOLD INCOME - INCOME LIMIT CHART (100% AMI)**

Household size	1	2	3	4	5	6	7	8	9	10
<b>Honolulu (Oahu)</b>	\$88,200	\$100,800	\$113,400	\$125,900	\$136,000	\$146,100	\$156,200	\$166,200	\$176,300	\$186,400
<b>Hawai'i Island</b>	\$58,400	\$66,700	\$75,000	\$83,300	\$90,000	\$96,700	\$103,300	\$110,000	\$116,700	\$123,300
<b>Maui County</b>	\$71,800	\$82,000	\$92,300	\$102,500	\$110,700	\$118,900	\$127,100	\$135,300	\$143,500	\$151,700
<b>Kaua'i County</b>	\$68,000	\$77,700	\$87,400	\$97,100	\$104,900	\$112,700	\$120,500	\$128,200	\$136,000	\$143,800

To figure out if your household meets this requirement, please submit the required documents listed in this application related to "Proof of income." If you are having difficulties obtaining income documents, please notify the Partner Agency you would like to process your application.



**INCOME QUALIFICATION** (Provide income information for ALL household members)

Household Member Number	Total Gross Annual Income	Income Affected by COVID-19 (Y/N)	Types of Income Documentation Attached
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		<b>← Total Current Household gross annual income</b>	

~Please note that the above income documents will also have to be submitted along with your application~

**7. TYPE OF ASSISTANCE REQUESTED**

Maximum rent/mortgage assistance per household per month is \$2,000.00 for Honolulu County and \$1,500.00 for Hawaii, Kauai and Maui Counties, or the amount owed per month, whichever is less. Maximum HOA assistance per household per month is \$500.00. Maximum assistance for financial counseling is \$150 for initial consultation for budgeting, foreclosure mitigation, loan modification assistance or rent payment plan for rent negotiation. Maximum assistance for mortgage modification services is \$400 for consultation. Maximum for mediation services is \$500 for consultation.

**Amount you are requesting?** Please do not request an amount higher than maximum amounts listed above.

	Rent Amount Requested	HOA Amount Requested*	Mortgage Amount Requested*
Aug-20			
Sep-20			
Oct-20			
Nov-20			
Dec-20			
Total Amount(s)			

Required documents as stated on the first page of this application must be submitted before an application can be approved.



**8. Do you owe for any of these months as well?**

No

Yes (please complete chart)

	Rent Amount Owed	HOA Amount Owed*	Mortgage Amount Owed*
Apr-20			
May-20			
Jun-20			
Jul-20			
Total Amount(s)			

\*You must provide the required documentation as stated on the first page of this application.

**9. LANDLORD/PROPERTY MANAGER, HOA, MORTGAGE COMPANY, INFORMATION**

**(Partner Agency will be contacting them)**

Landlord/Property Manager, HOA, or Mortgage Company Name:	
Phone Number:	
Email Address:	

**10. OPTIONAL DEMOGRAPHIC DATA**

Household Member Number	Gender*	Race**	
1			* Gender: M, F, Other/Prefer not to say
2			
3			** Race: 1 - Asian 2 - Black/African American 3 - Native Hawaiian/Pacific Islander 4 - White/Caucasian 5 - Native American/Alaska Native 6 - Other/Prefer not to say
4			
5			
6			
7			
8			
9			
10			

**12. Financial/Budget Counseling or Loan Modification RESOURCES**

Are you interested in Financial/Budget counseling resources?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you interested in Loan Modification resources?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you interested in Landlord Mediation resources?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Please submit your application to [HousingHelp@auw.org](mailto:HousingHelp@auw.org)**



**CERTIFICATION**

By submitting your application and documents to Aloha United Way and partners,  I/We certify that the information given on this form is true and accurate to the best of my/our knowledge.  I am/We are aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the documentation packet must be submitted in a timely manner. I understand that the information on this form is subject to verification."

**STATEMENT OF CONSENT**

Multiple organizations are providing emergency financial assistance grants throughout the State of Hawaii, thus, to avoid duplication of financial assistance, some information collected in this application will be shared with the Hawaii Housing Finance and Development Corporation, County agencies and its partners, and Aloha United Way and its providing partner agencies.

We will only be sharing the following information with these agencies: adult household member names with last 4 digits of social security number or identification number, property address (street address, unit number if applicable, city, zip), amount of grant approved, vendor name, and date approved.

I have read the Statement of Consent and by submitting my application and documents, I agree to share the items listed above.